



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90196 017 ****50.00

DOCUMENT # L06000055904 1. Entity Name WEB CONTINUITY, LLC			
Principal Place of Business 1301 RIVERPLACE TOWER SUITE 2600 JACKSONVILLE, FL 32207		Mailing Address 1301 RIVERPLACE TOWER SUITE 2600 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box # 7643 Gate Parkway Suite, Apt. #, etc. Suite 104-130 City & State Jax, FL Zip 32256 Country USA		3. Mailing Address 7643 Gate Parkway Suite, Apt. #, etc. Suite 104-130 City & State Jax, FL Zip 32256 Country USA	
			
		02142007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 33-1139042		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, PHILIP J 1301 RIVERPLACE TOWER SUITE 2600 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, PHILIP J 1301 RIVERPLACE BLVD. #2600 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7643 Gate Parkway Suite 104-130 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Philip Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>2/14/07</u> <u>(904) 229-6639</u> <small>Date Daytime Phone #</small>	